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January 31, 2017

Jocelyn Boyd, Chief Clerk of the Commission Public Service Commission of South Carolina Synergy Business Park Saluda Building 101 Executive Center Drive Columbia, SC 29210

RE: Docket No. 2014-43-C – FCC Form 555 – Annual Lifeline Eligible Telecommunications Carrier Certification on behalf of Boomerang Wireless, LLC d/b/a enTouch Wireless

Dear Ms. Boyd,

Pursuant to FCC requirements under 47 C.F.R. § 54.416, enclosed please find for filing in the above-referenced docket a copy of Boomerang Wireless, LLC d/b/a enTouch Wireless' FCC Form 555.

An extra copy of this letter is enclosed to be date-stamped and returned to us in the self- addressed, postage-paid envelope.

If you have any questions regarding this filing, please contact me at (407) 260-1011 or regulatory@csilongwood.com.

Respectfully submitted,

lace Lamuet

Mark Lammert Attorney-in-Fact

Boomerang Wireless, LLC d/b/a enTouch Wireless



Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

249019	143036595	
Study Area Code (SAC) (An Eligible Telecommunications Carrier (ETC) must provide a c	Service Provider Identification Number (SPIN) rertification form for each SAC through which it provides Lifeline service).	
2016 SC	Boomerang Wireless LLC	
Recertification Year State	ETC Name	
enTouch Wireless	HH Ventures, LLC	
DBA, Marketing, or Other Branding Name (If same as ETC name, list "N/A" Do not leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)	
Does the reporting company have affiliated ETCs?	Yes 👩 No 👩	
determined in accordance with Section 3(2) of the Communications	using page 4 and additional sheets if necessary. Affiliation shall be Act. That Section defines "affiliate" as "a person that (directly or indirectly) where ship or control with, another person." 47 U.S.C. § 153(2). See also 47	
Affiliated ETC's SAC	Affiliated ETC's Name	
formation, or other similar legal document. An officer i laws (or partnership agreement), and would typically be	of a position listed in the article of incorporation, articles of is a person who occupies a position specified in the corporate bypresident, vice president for operations, vice president for finance, ler is a sole proprietorship, the owner must sign the certification.	
Section 1: Initial Certification All ETCs must complete	this section	
I certify that the company listed above has certification pro	ocedures in place to:	
	entation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household ther enrollment in Lifeline; and/or	
B) Confirm consumer eligibility by relying upon access Lifeline administrator prior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.	
I am an officer of the company named above. I am auth above.	norized to make this certification for the Study Area Code listed	
Initial		

1

Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

		_		= 4. 5 6 5
A	В	C	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
321	Ō	5	89	227

Recertification Results:

F	G	H = (F-G)	r	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
227	148	79	0	79

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
- 0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Initial

Based on the data entered above, initial the certification(s) below that apply Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A)	I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its
,	Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all
	subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed
	above.
	Initial
	AND/OR
B١	I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:
,	. (List database or name of administrator here) Results
	are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am
	authorized to make this certification for the SAC listed above.
	Initial ———
	OR
C	I certify that my company did not claim federal low income support for any Lifeline subscribers for the February
٠,	Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am
	•
	authorized to make this certification for the SAC listed above.



Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

M = (F+K)	N = (J+L)	O = ((N + M) * 100)
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or incligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
227	79	34.81%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🗿

No 🔼

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	4
February	7
March	1
April	9
May	6
June	1
July	. 1
August	4
September	5
October	2
November	228
December	238
Total Subscribers	506

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,
Certified Online
Signature of Officer
Finally Addings of Officers
Email Address of Officer
Mark Lammert
Person Completing This Certification Form

Printed Name and Title of Officer
01/30/2017
Date
407-260-1011
Contact Phone Number